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FROM: Kelly L. McDow-Dunham (Typed or printed name of person signing Certificate)

Fax No. 513-622-0159

Phone No. 513-622-3300

Listed below are the item(s) being submitted with
This Certificate of Transmission:**

1. Fee Transmittal – Original + 1 add'l copy for deposit account
2. RCE Transmittal – Original + 1 add'l copy for deposit account
3. Response – 8 pages
4. Petition for Extension of Time – 3 mos. – original + 1 add'l copy for deposit account
5. Add'l Document – Prescription Diet – 3 pages
6. Add'l Document – Eukanuba – 3 pages

Inventor: Sunvold et al.
Serial No.: 09/609,622
Filed: July 5, 2000
Conf. No. 4085

Total Pages 21

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FEE TRANSMITTAL

for FY 2003

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/609,622
Confirmation Number	4085
Filing Date	July 5, 2000
First Named Inventor	Sunvold et al.
Examiner Name	Susan D. Coe
Group/Art Unit	4085
Attorney Docket No.	P122

TOTAL AMOUNT OF PAYMENT (\$1680)

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 16-2480

Deposit Account Name The Procter & Gamble Company

- ☒ Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION

1. BASIC FILING FEE - Large Entry

Code (\$)	Fee Description	Fee Paid
1001 750	Utility filing fee	<input type="checkbox"/>
1002 330	Design filing fee	<input type="checkbox"/>
1004 750	Reissue filing fee	<input type="checkbox"/>
1005 160	Provisional filing fee	<input type="checkbox"/>

SUBTOTAL (1) (\$0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entry

Total Claims	Extra Claims	Fee from Below	Fee Paid
<input type="checkbox"/> - 20** =	<input type="checkbox"/> x	<input type="checkbox"/>	= <input type="checkbox"/>

Independent Claims ☐ - 3** = ☐ x ☐ = ☐

Multiple Dependent ☐ = ☐

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
1202 18	Claims in excess of 20
1201 84	Independent claims in excess of 3
1203 280	Multiple dependent claim, if not paid
1204 84	**Reissue independent claims over original patent
1205 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$0)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Code (\$)	Fee Description	Fee Paid
1051 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
1052 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
1053 130	Non-English specification	<input type="checkbox"/>
1812 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
1804 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
1805 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
1251 110	Extension for reply within 1 st month	<input type="checkbox"/>
1252 410	Extension for reply within 2 nd month	<input type="checkbox"/>
1253 930	Extension for reply within 3 rd month	[930]
1254 1,450	Extension for reply within 4 th month	<input type="checkbox"/>
1255 1,970	Extension for reply within 5 th month	<input type="checkbox"/>
1401 320	Notice of Appeal	<input type="checkbox"/>
1402 320	Filing a brief in support of an appeal	<input type="checkbox"/>
1403 280	Request for oral hearing	<input type="checkbox"/>
1451 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
1452 110	Petition to revive - unavoidable	<input type="checkbox"/>
1453 1,300	Petition to revive - unintentional	<input type="checkbox"/>
1501 1,300	Utility issue fee (or reissue)	<input type="checkbox"/>
1502 470	Design issue fee	<input type="checkbox"/>
1460 130	Petitions to the Commissioner	<input type="checkbox"/>
1807 50	Petitions related to provisional applications (37 C.F.R. 1.17(q))	<input type="checkbox"/>
1806 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
1809 750	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
1810 750	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
1801 750	Request for Continued Examination (RCE)	[750]
1802 900	Request for expedited examination of a design application	<input type="checkbox"/>
1454 1300	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>
	Other fee (specify) _____	<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$1680)

SUBMITTED BY

Name (Print/Type)

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43,787

Signature

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Date

July 23, 2003

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